

FEE TRANSMITTAL

for FY 2005

Patent fees are subject to annual revision.
Effective December 8, 2004

Complete if Known

| | |
|----------------------|---------------------------|
| Application Number | 10/603,279 |
| Confirmation Number | 4437 |
| Filing Date | June 25, 2003 |
| First Named Inventor | Lee Michael Teras, et al. |
| Examiner Name | K.D. Hendricks |
| Art Unit | 1761 |
| Attorney Docket No. | 9286L |

AMOUNT OF PAYMENT (\$910)

METHOD OF PAYMENT

1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:

Deposit Account Number: 16-2480

Deposit Account Name: The Procter & Gamble Company

FEE CALCULATION

2. BASIC FILING FEE - Large Entity

| | FILING FEE | SEARCH FEE | EXAMINATION FEE | |
|------------------------|---------------|---------------|--------------------|---------------------|
| Application Type | | | | Fee Paid |
| Utility | (\$300) | (\$500) | (\$200) | (Total = \$1000) [] |
| Design | (\$200) | (\$100) | (\$130) | (Total = \$430) [] |
| Reissue | (\$300) | (\$500) | (\$600) | (Total = \$1400) [] |
| Provisional filing fee | | | | (Total = \$200) [] |

3. APPLICATION SIZE FEE:

Sheets of Spec and Drawings []
(\$250 for each 50 sheets in excess of 100, except for sequence and program listings)

SUBTOTAL (2)+(3) (\$)[0]

4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:

| | Extra Claims | Fee from Below | Fee Paid |
|------------------------------------|-----------------|-------------------|-------------|
| Total Claims [] - 20** = [] x | | [] = | [] |
| Independent Claims [] - 3** = [] x | | [] = | [] |
| Multiple Dependent claims: | | [] = | [] |

** or number previously paid, if greater; For Reissues, see below

Fee Description

Claims in excess of 20 (\$50 per claim)

Independent claims in excess of 3 (\$200 per claim)

Multiple dependent claim, if not paid (\$360)

**Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)

**Reissue claims: each claim over 20 and more than original patent (\$50 per claim)

SUBTOTAL (4) (\$)[0]

FEE CALCULATION (continued)

5. ADDITIONAL FEES

| Fee Description | | Fee Paid |
|---|-----------|----------|
| Extension for reply within 1 st month | (\$120) | [X] |
| Extension for reply within 2 nd month | (\$450) | [] |
| Extension for reply within 3 rd month | (\$1,120) | [] |
| Extension for reply within 4 th month | (\$1,590) | [] |
| Extension for reply within 5 th month | (\$2,160) | [] |
| Information Disclosure Statement fee | (\$180) | [] |
| 37 CFR 1.16(e) Late Oath/Declaration (nonprovisional) | (\$130) | [] |
| 37 CFR 1.17 (q) Missing Parts (provisional) | (\$50) | [] |
| Non-English specification | (\$130) | [] |
| Notice of Appeal | (\$500) | [] |
| Filing a brief in support of an appeal | (\$500) | [] |
| Request for oral hearing | (\$1,000) | [] |
| Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) | [] |
| Other: Request for Continued Examination (RCE) | (\$790) | [X] |

SUBTOTAL(5) (\$)[910]

SUBMITTED BY

Name (Print/Type)

S. Robert Chuey

Registration No.
(Attorney/Agent)

39,140

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Signature

Date

09/19/2005

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.